Schedule C **Nonmonetary Contributions Received**

SEE INSTRUCTIONS ON REVERSE

Friends of Don Meredith

NAME OF FILER

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period **CALIFORNIA FORM** through

Amendment

I.D. Number

					1279717		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 02/26/2006	Chris Shadd	XIND □ COM □ OTH □ PTY □ SCC	Artist Shadd Stone Studios	Sculpture for event	200.00	200.00	200.00 P 06
Rcpt Dt: 02/26/2006	Frank Temesvary	XIND □ COM □ OTH □ PTY □ SCC	Contractor Frank Temsvary	Handyman services	360.00	360.00	360.00 P 06
Rcpt Dt: 03/15/2006	Holiday Inn Media Center ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		Catering/room rental	500.00	500.00	500.00 P 06
Rcpt Dt: 02/26/2006	Laura Meredith	X IND COM OTH PTY SCC	Staff Concordia University	Monoprints for event	220.00	430.00	430.00 P 06
Attach additional information on appropriately labeled continuation sheets.				SUBTOTAL	1280.00		

Schedule C Summary

Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.)	. \$ _	1599.38
Amount received this period - unitemized nonmonetary contributions of less than \$100		130.00
2. Total permanetary contributions resolved this period		

*Contributor Codes IND - Individual COM- Recipient Committee - (other than PTY or SCC)
OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Schedule C **Nonmonetary Contributions Received**

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period **CALIFORNIA** 111/06 **FORM**

Amendment

EE INSTRUCTIONS ON REVERSE	through	12/12
IAME OF FILER		I.D. Number
Friends of Don Meredith		1279717

•							121.91.11	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)		PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 03/01/2006		☑ IND ☐ COM ☐ OTH ☐ PTY	Production Asst. Walt Disney Studios	Car body signs	162.38		487.38	487.38 P 06
	ID:	L scc						
Rcpt Dt: 02/26/2006	Byron P. Howard	⊠ IND □ COM	Artist	Artwork for mailing	100.00		350.00	350.00 P 06
	I ID:	☐ OTH ☐ PTY ☐ SCC	Disney					
Rcpt Dt: 03/06/2006		X IND □ COM	Law Enforcement	Jewelry gifts	57.00		396.00	396.00 P 06
	ID:	□ OTH □ PTY □ SCC	County of Los Angeles					

Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ 319, 38 Schedule C Summary

f 1 1 1 1 6 1 1 6 1 1 1 1 2 1 1 1 1 1 1 1	
(Include all Schedule C subtotals.)	al
COM- Recipie	nt C
2. Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ (other the contributions)	nan I
OTH - Other	
3. Total nonmonetary contributions received this period.	
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)	Ontr

committee

PTY or SCC)

ributor Committee